

Attachment 4.19B,
Methods & Standards
for Establishing
Payment Rates,
Service 17.a,
Transportation Services

MONTANA

I. Reimbursement for Transportation Services shall be the lowest of the following:

A. For those services not also covered by Medicare:

1. the provider's actual (submitted) charge for the services; or
2. the Department's fee schedule.

B. For those services also covered by Medicare:

1. the provider's actual (submitted) charge for the service;
2. the amount allowable for the same service under Medicare; or
3. the Department's fee schedule.

II. In determining upper limits of reimbursement for Transportation Services:

A. The provider's actual charge is the amount submitted on the claim to Medicaid.

B. The amount allowable for the same service under Medicare is obtained from the Medicare Part B Carrier.

C. The Department's fee schedule has two components:

1. Specified fees per selected procedure:

Procedures for which there is a statistically significant volume* during the calendar year preceding the fiscal review year have specified fees established. Such fees in force are a 33.1% increase over the fees in effect in June, 1980, except for additional adjustments for selected crucial procedures.

2. Percentage for which there is not a specifically significant volume or with variable modifiers reflecting exceptional difficulty are reimbursed at 65.2% of billed charges.

TN 83(10)(17)
Supersedes 82-29

Approved 4/21/83

Effective
Date 1/1/83

Attachment 4.19B,
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Payment Rates,
Service 17.a,
Transportation Services

- * A statistically significant volume of services is a number of services billed to the medicaid program during a calendar year which will provide sufficient data for calculating a reasonable prevailing charge, using the Medicaid methods. The data for items which fifty bills have been received in a calendar year will be reviewed for possible fee determination within the state fiscal biennium.

MONTANA

Reimbursement for personal care services is established by the Medicaid Division based upon historical costs.

Unit of service means a unit of attendant service or a unit of nursing supervision service. A unit of attendant service is 15 minutes and means an on-site visit specific to a recipient. A unit of nursing supervision service is 15 minutes and means an on-site recipient visit and related activity specific to that recipient.

Reimbursement for personal care services for services provided outside the borders of the State of Montana is established by the Medicaid Division based upon negotiation with the out of state provider.

TN 95-021 Approved 12/22/95
Supersedes TN #89 (10) 16

Effective 07/01/95

MONTANA

REIMBURSEMENT FOR HOSPICE CARE

- (1) Medicaid payment for covered hospice care will be made in accordance with the specific categories of covered hospice care as listed in the state Medicaid Manual, Section 4305.5 (routine home care day, continuous home care day, inpatient respite care day, and general inpatient care day) and the payment amounts and procedures established by Medicare.
- (2) The board and room rate to be paid a hospice for a Medicaid recipient who resides in a nursing facility (SNF/ICF) will be the Medicaid rate established by the Department for the individual facility minus the amount the recipient pays toward his own cost of care. Payment for board and room will be made to the hospice and, in turn, the hospice will reimburse the nursing facility. General inpatient care or hospice respite care in a nursing facility will not be reimbursed directly by the Medicaid program when a Medicaid recipient elects the hospice benefit payment. Under such circumstances payment will be made to the hospice in accordance with this rule.
 - (a) In this context, the term "room and board" includes performance of personal care services, including assistance in the activities of daily living, socializing activities, administration of medication, maintaining the cleanliness of a resident's room, and supervision and assisting in the use of durable medical equipment and prescribed therapies.
- (3) The following services performed by hospice physicians are included in the rates described in subsections (1) above:
 - (a) General supervisory services of the medical director; and
 - (b) Participation in the establishment of plans of care, supervision of care and services, periodic review and updating of plans of care, and establishment of governing policies by the physician member of the interdisciplinary group.
- (4) For services not described in subsection (3), Medicaid will pay the hospice for those physician services furnished by hospice employees or under arrangements with the hospice in accordance with Attachment 4.19-B service 5 of the Montana Medicaid State Plan. Reimbursement for these physician services is included in the amount subject to the hospice limit described below. Services furnished voluntarily by physicians are not reimbursable.
- (5) Services of the patient's attending physician, if he or she is not an employee of the hospice or providing services under arrangements with the hospice, are not considered hospice services and are not included in the amount subject to the hospice payment limit.

- (6) Medicaid reimbursement to a hospice in a cap period is limited to a cap amount established using Medicare principles.
- (7) The Department will notify the hospice of the determination of program reimbursement at the end of the cap year.
- (8) Payments made to a hospice during a cap period that exceed the cap amount are overpayments and must be refunded.

Attachment 4.19-B,
Methods and
Standards for
Establishing Payment
Rates, Service 19.a,
Case Management
Services for High
Risk Pregnant Women

MONTANA

- I. The Department will pay the lower of the following for case management services for high risk pregnant women:
 - A) the provider's actual submitted charge for the service; or
 - B) the Department fee schedule.
- II. Case management services provided by a case manager for high risk pregnant women shall be reimbursed based on a fee for service.

TN No. 91-03
Supercedes
TN No. NEW

Approval Date
10/18/91

Effective Date
7/1/91

MONTANA

- I) The Department will pay the lower of the following for case management services for Chronically Mentally Ill Adults:
- A) the provider's actual submitted charge for the service; or
 - B) the Department fee schedule.

TN # 99-007
Supersedes TN # 91-08

Approved: 12/20/99

Effective 7/1/99

Attachment 4.19-B
Methods and Standards
for Establishing
Payment Rates,
Service 19.c,
Case Management Services
for Individuals Age 16 and
Over with Developmental
Disabilities

1. Case management services for persons age 16 and over with developmental disabilities are reimbursed based on a flat rate for each unit of service.
 - a. A unit of service is one contact, in person or otherwise, with or on behalf of an individual eligible for developmental disabilities services.
2. The interim reimbursement rate per unit of service for each fiscal year is determined by dividing the estimated total costs on a statewide basis for the delivery of case management services for the fiscal year by the estimated total number of units of service to be delivered on a statewide basis during that fiscal year.
3. As required by OMB Circular A-87, cost settlement will occur at the end of each fiscal year. Payments received by the DD Division for the fiscal year will be adjusted in accordance with the actual costs of the program for that fiscal year.

TN # 94-16
Supersedes
TN # 92-10

Approved 06/26/95

Effective 7/01/94

HCFA ID: 1040P/0016P

MONTANA

- (1) The Department will pay the lower of the following for case management services for youth with severe emotional disturbances;
- (a) the provider's actual submitted charge for the service; or
 - (b) the Department's fee schedule

TN # 99-007
Supersedes: TN # 92-024

Approved: 12/20/99

Effective 7/1/99

Attachment 4.19-B
Methods and Standards for
Establishing Payment Rates

Service 19e
Case Management - Children
With Special Health Care
Needs

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

- I. The Department will pay the lower of the following for case management services for children with special health care needs:
- A) The provider's actual submitted charge for the service; or
 - B) The Department's fee schedule
- II. Case management services provided by a case manager for children with special health care needs shall be reimbursed based on a fee for service.